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PATENT TRADEMARK OFFICE

103.1046.01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Alan ROWE

Serial No.: 09/660,824

Filed: September 13, 2000

Group Art Unit: Not Assigned

Title: Mechanism to Survive Server Failures
When Using The CIFS Protocol

Examiner: Not Assigned

Attorney Docket No.: 103.1046.01

Assistant Commissioner for Patents
Washington, D.C. 20231**INFORMATION DISCLOSURE STATEMENT**

Dear Sir:

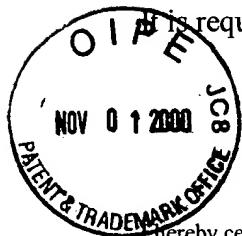
This Information Disclosure Statement is submitted:

- under 37 CFR 1.97(b), or
(Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last)
- under 37 CFR 1.97(c) together with either a:
— Certification under 37 CFR 1.97(e), or
— a \$240.00 fee under 37 CFR 1.17(p), or
(After the CFR 1.97(b) time period, but before final action or notice of allowance, whichever occurs first)
- under 37 CFR 1.97(d) together with a:
— Certification under 37 CFR 1.97(e), and
— a petition under 37 CFR 1.97(d)(2)(ii), and
— a \$130.00 petition fee set forth in 37 CFR 1.17(i)(1).
(Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee)

Applicant(s) submit herewith Form PTO SB/1449-Information Disclosure Citation together with copies, of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

The relevance of the attached references is that this is the closest art of which Applicant is aware.

Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.



It is requested that the information disclosed herein be made of record in this application.

Respectfully submitted,



John C. Merchant

Attorney/Agent for Applicant(s)

Reg. No. 45,996

Date of Deposit: 10-26-00

Typed Name: Arlette Malhas

Signature: Arlette Malhas

Date: 10-26-00

Telephone No.: 650-947-0700 ext 309

ATTY. DOCKET NO.	103.1046.01	SERIAL NO.	09/660,824
APPLICANT	Alan Rowe		
FILING DATE	September 13, 2000	GROUP	Not Assigned

REFERENCE DESIGNATION U.S. PATENT DOCUMENTS



FOREIGN PATENT DOCUMENTS

OTHER REFERENCES (including Author, Title, Date, Pertinent Pages, etc.)

EXAMINER	DATE CONSIDERED

Rev. 10/94 (Form 3.0)



22883

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PTO/SB/21 (12-97)

Approved for use through 9/30/00. OMB 0651-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/660,824
		Filing Date	September 13, 2000
		First Named Inventor	Alan ROWE
		Group Art Unit	Not Assigned
		Examiner Name	Not Assigned
Total Number of Pages in This Submission	66	Attorney Docket Number	103.1046.01

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; width: fit-content;">Form 1449; cited art; and Return Postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	John C. Merchant	
Signature		
Date	10-26-00	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: **10.26.00**

Typed or printed name **Arlette Malhas**Signature Date **10.26.00**

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